



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 YOU WILL LOOK AT NOT ONLY JUST THE COUNTY WORKERS BUT ALSO THE
2 RESIDENT IN THE AREA. AND WHATEVER HAPPENS, I WOULD ASK THAT
3 YOU CONTINUE TO BE TRANSPARENT IN THE PROCESS SO THAT WE DON'T
4 HAVE ISSUES UNLIKE WHAT HAS HAPPENED IN THE AREA DUE TO THE
5 CITY'S ACTIONS OR LACK OF OVERSIGHT. SO I APPRECIATE ONCE
6 AGAIN THE SUPERVISORS HERE TAKING A LOOK AT WHAT WILL BE BEST
7 FOR THAT BUILDING, THE VERMONT CORRIDOR. THANK YOU VERY MUCH.

8

9 **SUP. KNABE, CHAIRMAN:** THANK YOU. SO AGAIN MOVED BY SUPERVISOR
10 RIDLEY-THOMAS AS AMENDED. SECONDED BY SUPERVISOR YAROSLAVSKY.
11 WITHOUT OBJECTION, SO ORDERED. AND AGAIN ITEM 3 WILL BE
12 REFERRED BACK TO MY OFFICE.

13

14 **SACHI HAMAI, EXEC. OFFICER:** THANK YOU.

15

16 **SUP. KNABE, CHAIRMAN:** CALL UP ITEM NUMBER 10. SUPERVISOR
17 RIDLEY-THOMAS HELD THAT ITEM.

18

19 **SUP. RIDLEY-THOMAS:**MR. CHAIRMAN, I UNDERSTAND THAT THERE ARE
20 SPEAKERS TO BE HEARD, AND PERHAPS WE CAN TAKE THOSE SPEAKERS
21 FIRST.

22

23 **SUP. KNABE, CHAIRMAN:** YOU GOT IT. PLEASE HAVE JOSEPH MAIZLISH
24 JOIN US. CHERYL GRILLU AND AILEEN ADAMS IF YOU'LL COME
25 FORWARD, PLEASE.



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1

2 **JOSEPH MAIZLISH:** GOOD MORNING, THANK YOU, CHAIRMAN KNABE. HI,
3 MY NAME IS JOE MAIZLISH, I'M A MARRIAGE AND FAMILY THERAPIST
4 AND BEGAN MY STUDIES AND TRAINING IN THE FIELD OF CHILD ABUSE
5 AND RECOVERY. I VOLUNTEERED SEVEN YEARS ONE EVENING A WEEK FOR
6 D.C.F.S. IN ITS CENTRAL LOS ANGELES SEXUAL ABUSE UNIT SERVING
7 WITH INCEST PERPETRATORS LEADING GROUPS AND I'M VERY GLAD TO
8 SEE THE SUBJECT OF EARLY CHILDHOOD EXAMINATION I HOPE
9 APPROPRIATE INTERVENTION ON YOUR LIST. I HAVE SOME PAPERS TO
10 GIVE EACH OF YOUR OFFICES AND THE CHIEF EXECUTIVE OFFICE ABOUT
11 THE ADVERSE CHILD EXPERIENCES STUDY AND ITS LIFELONG
12 CONSEQUENCES OF NOT ONLY DISCRETE EVENTS OF ABUSE BUT CHRONIC
13 HIGH STRESS ON EARLY FAMILIES. IN FACT, I WOULD LIKE TO SEE
14 EVERY SUPERVISORIAL DECISION HAVE NOT ONLY THE ENVIRONMENTAL
15 IMPACT BUT ALSO THE EARLY CHILDHOOD IMPACTS. HOW DOES THIS
16 AFFECT EARLY CHILDHOOD LIFE AND THE FAMILY LIFE? BECAUSE AS
17 THAT STUDY SHOWED, AND CONTINUES TO SHOW IN ITS FOLLOW-UPS,
18 THERE ARE LIFE LONG HEALTH, PHYSICAL HEALTH CONSEQUENCES OF
19 PEOPLE WHO WERE SUBJECT TO HIGH STRESS, CHRONIC STRESS IN VERY
20 YOUNG CHILDHOOD. IT INTERFACES ALSO WITH THE OTHER SUBJECT I
21 OFTEN VISIT ON AND THAT'S THE CRIMINAL JUSTICE SUBJECT BECAUSE
22 ALL KIND OF IRREGULAR BEHAVIORS AND ACTUALLY AN EFFECT ON
23 BRAIN DEVELOPMENT OF THE YOUNG CHILD IN A SITUATION OF HIGH
24 STRESS IS QUITE SERIOUS. IT'S NOT IRREVERSIBLE, BUT IT TAKES
25 AN AWFUL LOT OF CARE LATER IN LIFE. SO THAT IN SOME SOCIETIES,



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1 UP TO HALF OF THE PUBLIC WELFARE, PUBLIC HEALTH BUDGET IS
2 DEVOTED TO EARLY CHILDHOOD, I'VE GIVEN YOU A SHORT TWO-PAGE
3 SUMMARY ARTICLE AND A 10-PAGE FURTHER STUDY, FURTHER REVIEW OF
4 THIS ADVERSE CHILDHOOD EXPERIENCES STUDY AND HOW IT CAME
5 ABOUT. THE IMPLICATIONS FOR ALMOST EVERY SOCIAL AND FAMILY
6 ISSUE HERE ARE GREAT. I KNOW SUPERVISOR KNABE, YOU'RE
7 INTERESTED, I REMEMBER 10 YEARS AGO YOU VISITED WHAT WAS IT
8 CHILDREN'S INSTITUTE INTERNATIONAL DAYLONG EVENT AND GAVE AN
9 ADDRESS AT LUNCH. SUPERVISOR RIDLEY-THOMAS PRESENTED THIS.
10 SUPERVISOR YAROSLAVSKY'S PREDECESSOR, SUPERVISOR EDELMAN
11 VISITED THE TRAINING INSTITUTE WHERE I WAS WORKING AT THE TIME
12 AND RECOGNIZED THE IMPORTANCE OF THIS. BUT LET'S NOT LOSE
13 TRACK. IT'S IMPORTANT BECAUSE OF ITS LIFELONG IMPLICATIONS AND
14 IMPLICATIONS FOR BUDGET AND PUBLIC SERVICES AND EVERYTHING,
15 BUT IT'S ALSO IMPORTANT JUST BECAUSE I HOPE YOU CAN SEE OF OUR
16 WORK HERE, ME AS A CITIZEN AND YOU AS LEADERSHIP, TO RELIEVE
17 THE SUFFERING OF THE YOUNG CHILDREN. THAT IS THE BASIC POINT.
18 AND IF WE WORK ON THAT AS OUR GUIDE, WE'LL BE CARRIED THROUGH
19 AND IMPROVED PUBLIC POLICIES, AS WELL. THANK YOU VERY MUCH.
20 I'M GLAD THIS IS ON YOUR AGENDA.

21

22 **SUP. KNABE, CHAIRMAN:** THANK YOU. NEXT?

23

24 **AILEEN ADAMS:** GOOD MORNING, MR. CHAIR, MEMBERS OF THE BOARD.
25 MY NAME IS AILEEN ADAMS, I'M HERE WITH DR. CHERYL GRILLS. WE



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1 ARE THE CO-EXECUTIVE DIRECTORS OF THE BLUE RIBBON COMMISSION
2 ON CHILD PROTECTION. AND FIRST WE WANT TO THANK EACH ONE OF
3 YOU NOT ONLY FOR THIS OPPORTUNITY BUT MORE IMPORTANTLY FOR THE
4 EXTRAORDINARY APPOINTEES TO THIS BLUE RIBBON COMMISSION. I
5 WORKED AT ALL LEVELS OF GOVERNMENT FOR OVER 35 YEARS. AND I
6 HAVE NEVER SEEN A COMMISSION THAT IS MORE THOUGHTFUL, MORE
7 EXPERIENCED OR MORE RESOLVED TO HELP MAKE A MEANINGFUL
8 DIFFERENCE. WE TRULY FEEL FORTUNATE TO BE WORKING WITH EACH
9 ONE OF THEM. AS YOU KNOW, THIS IS A COMMISSION THAT'S VERY
10 HANDS-ON. THE EXECUTIVE COMMITTEE OF THE BLUE RIBBON
11 COMMISSION MEMBERS DR. DAVID SANDERS, WHO'S THE CHAIR, AND THE
12 VICE CHAIRS, LESLIE GILBERT-LURIE, AND JUDGE DICKRAN TEVRIZIAN
13 HAVE ASKED US AS STAFF TO READ THE FOLLOWING BRIEF STATEMENT
14 INTO THE RECORD ON BEHALF OF THE COMMISSION.

15

16 **CHERYL GRILLS:** THE PURPOSE OF THIS BRIEF STATEMENT IS TO
17 PROVIDE CONTEXT FOR THE LOS ANGELES COUNTY BLUE RIBBON
18 COMMISSION ON CHILD PROTECTION'S INTERIM RECOMMENDATIONS AS
19 THE BOARD DELIBERATES TODAY. THE COMMISSION IS FULLY COMMITTED
20 TO PRODUCING A FINAL REPORT THAT RECOMMENDS FUNDAMENTAL
21 CHANGES WHICH WILL ENHANCE THE COUNTY'S ABILITY TO ENSURE
22 SAFETY FOR THE CHILDREN OF LOS ANGELES COUNTY. WE BELIEVE THE
23 COUNTY CHALLENGES REGARDING CHILD SAFETY AND FREEDOM FROM
24 ABUSE AND NEGLECT ARE LARGE AND SYSTEMIC, AND OUR FINAL REPORT
25 WILL REFLECT THAT BELIEF. WE FULLY RECOGNIZE THE INTERIM



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1 REPORT CONTAINS RECOMMENDATIONS THAT REQUEST ACTION ON THE
2 PART OF THE BOARD WITHOUT THE BENEFIT OF THE COMMISSION'S FULL
3 ANALYSIS AND FINAL RECOMMENDATIONS. WE WEIGHED THE POTENTIAL
4 DRAWBACK OF ENDORSING A LIMITED SET OF RECOMMENDATIONS AGAINST
5 THE FACT THAT OUR WORK TO THIS POINT ALREADY REVEALED AREAS
6 THAT IF ADDRESSED COULD IMMEDIATELY IMPROVE CHILD SAFETY AND
7 PERHAPS SAVE CHILDREN'S LIVES. WE WANT TO BE CLEAR THAT THE
8 RECOMMENDATIONS IN THE INTERIM REPORT WILL NOT ALONE BE
9 SUFFICIENT TO INSURE THE TYPE OF SUSTAINED IMPROVEMENTS IN
10 CHILD SAFETY WE ALL WANT TO SEE; HOWEVER, WE ULTIMATELY
11 CONCLUDED THAT IT WOULD BE UNCONSCIONABLE TO UNEARTH ISSUES
12 THE COUNTY COULD ADDRESS IMMEDIATELY THAT WOULD RESULT IN
13 IMPROVED CHILD SAFETY AND NOT BRING THE ISSUES TO THE
14 ATTENTION OF THE BOARD. THAT WAS AUGMENTED BY OUR FINDINGS
15 THAT THESE CHANGES ARE FEASIBLE BASED ON THE TESTIMONY AND
16 ACTIONS OF DEPARTMENTS AND THAT BY IDENTIFYING A LEAD
17 DEPARTMENT FOR EACH RECOMMENDATION, IT MAY BE POSSIBLE TO
18 IMPLEMENT CHANGES THAT CAN IMMEDIATELY IMPROVE CHILD SAFETY.
19 FINALLY, WHILE OUR RECOMMENDATIONS ARE FOCUSED ON CHILD
20 SAFETY, WE ARE FULLY COGNIZANT OF THE FISCAL CONSTRAINTS FACED
21 BY THE COUNTY AND WHEREVER POSSIBLE HAVE AND WILL PROVIDE
22 RECOMMENDATIONS THAT HAVE LIMITED OR NO ADDITIONAL COSTS. IN
23 FACT, IN SOME CASES, WE HAVE EXPLORED FUNDING STRATEGIES
24 UTILIZED BY OTHER STATES OR COUNTIES THAT CAN BE MODELS FOR
25 LOS ANGELES. NEVERTHELESS, WE VIEW OUR PRIMARY TASK AS



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1 PROVIDING A SET OF RECOMMENDATIONS THAT FIRST AND FOREMOST
2 IMPROVE CHILD SAFETY. THEREFORE, WE URGE THE BOARD OF
3 SUPERVISORS TO SUPPORT EFFORTS TO IMPLEMENT THE LAW
4 ENFORCEMENT AND HEALTH CARE RECOMMENDATIONS INCLUDED IN OUR
5 INTERIM REPORT. WE WILL CONTINUE TO WORK ON A FINAL REPORT
6 THAT INCLUDES -- THAT PROVIDES A SET OF SYSTEMIC,
7 COMPREHENSIVE RECOMMENDATIONS THAT WILL ENSURE SUSTAINED,
8 LONG-TERM ACCOUNTABILITY AND PERFORMANCE. WE LOOK FORWARD TO
9 CONTINUING OUR CRITICALLY IMPORTANT WORK. THANK YOU.

10

11 **SUP. KNABE, CHAIRMAN:** THANK YOU. ANY QUESTIONS?

12

13 **SUP. RIDLEY-THOMAS:** IF I MAY, MR. CHAIR, THERE ARE SEVERAL
14 PIECES OF INFORMATION THAT I DO BELIEVE TO BE RELEVANT. IT WAS
15 APPROXIMATELY A MONTH AGO THAT THE INTERIM REPORT WAS ISSUED.
16 RECOMMENDATIONS ARE BEFORE US. AND PERMIT ME TO RESTATE OR
17 QUOTE THE INTERIM REPORT AS FOLLOWS: "THE COMMISSION URGES THE
18 BOARD TO ADOPT THE CONCRETE STEPS PROPOSED IN THE INTERIM
19 REPORT TO BEGIN IMMEDIATELY FORM OF THE DYSFUNCTIONAL COUNTY
20 CHILD PROTECTION SYSTEM." END QUOTE. THE COMMISSION DID NOT
21 ASK US TO WAIT UNTIL APRIL WHEN THE FINAL REPORT IS ISSUED.
22 THEY HAVE URGED US TO DO SOMETHING NOW. NOT TO RUSH BUT TO ACT
23 WITH URGENCY. THERE'S A DISTINCTION THAT SHOULD BE MADE AND/OR
24 APPRECIATED. AND I BELIEVE THE SENSE OF URGENCY HERE TO
25 IMPLEMENT THESE RECOMMENDATIONS IS IMPORTANT FOR US TO EMBRACE



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1 AND TO MOVE FORWARD BECAUSE I KNOW EACH OF US FEELS VERY
2 STRONGLY, EACH OF US FEEL VERY STRONGLY THAT WE SHOULD MAKE
3 EVERY EFFORT TO MOVE CHILDREN OUT OF HARM'S WAY. IT IS NOT A
4 SMALL THING FOR US TO UNDERSTAND THE RECOMMENDATIONS CARRY NO
5 COST. THAT'S EXPLICIT WITH THIS MOTION. IT IS ESSENTIALLY AN
6 EXPLICIT CALL FOR IMPLEMENTING THE RECOMMENDATIONS WITHIN
7 EXISTING RESOURCES. MAY I REPEAT THAT FOR THOSE THAT HAVE
8 CONCERNS ABOUT THE FACT THAT THIS IS IN SOME WAY SCOPE CREEP
9 WITH RESPECT TO FINANCING THINGS THAT PERHAPS WE SHOULDN'T OR
10 THAT WE ARE NOT SUFFICIENTLY ANTICIPATING THE COSTS THAT ARE
11 ASSOCIATED, THE MOTION AND THE RECOMMENDATIONS ARE EXPLICIT
12 WITH RESPECT TO COST NEUTRAL OR WITHIN EXISTING RESOURCES. AND
13 MAYBE FOR D.P.H. AND D.C.F.S. THEIR EXISTING RESOURCES WOULD
14 ONLY ALLOW FOR A PILOT PROGRAM WITHIN SPECIFIC GEOGRAPHICAL
15 AREAS WHERE THEY SEND OUT A NURSE ON EVERY EMERGENCY RESPONSE
16 CALL FOR A CHILD UNDER AGE, ONE, BUT UNTIL THEY COME TOGETHER
17 AND ARE ASKED TO COME UP WITH A PROGRAM, COLLEAGUES, THERE
18 WILL BE NONE. AND THE CONCERN AS ARTICULATED BY THE COMMISSION
19 IS CHILDREN ARE IN HARM'S WAY. THERE IS NO FINANCIAL
20 COMMITMENT BEING MADE BY THE BOARD TODAY BY VIRTUE OF THIS
21 MOTION AND THERE SHOULDN'T BE. HOWEVER, THERE'S A COMMITMENT
22 THAT I KNOW THAT EACH OF US HAS ARTICULATED TO PRIORITIZING
23 CHILD SAFETY. THE GOAL HERE IS TO TAKE THE STEPS THAT WE
24 SHOULD TAKE AND GET STARTED. AND I WANT TO REITERATE. COUNTY
25 DEPARTMENTS ARE BEING ASKED TO COLLABORATE AND DEVELOP A PLAN



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1 OF IMPLEMENTATION WITHIN THEIR EXISTING RESOURCES. SO THE
2 QUESTION IS: WHAT CAN WE DO WITH WHAT WE HAVE? INSTEAD OF A
3 STATEMENT, WE CAN'T DO ANYTHING BECAUSE THERE ISN'T ENOUGH.
4 BUT WE HAVE THE CAPACITY TO DO A LOT. AND THIS IS A CALL FOR
5 US TO ORGANIZE OURSELVES ACCORDINGLY. ON THE COMMISSION
6 RECOMMENDATIONS REFLECT BEST PRACTICES THAT ARE IN PLACE
7 ACROSS THE COUNTRY, AND THE BLUE RIBBON COMMISSION IS SEEKING
8 TO GET LOS ANGELES TO ADOPT THEM. THAT'S A GOOD THING. THAT'S
9 A SMART THING. THAT'S WHY WE EMPANELED THIS STELLAR GROUP OF
10 INDIVIDUALS WHO HAVE TAKEN THEIR TASK SERIOUSLY. THEY ARE NOT
11 NEW FANGLED EXPERIMENTS BY ANY STRETCH OF THE IMAGINATION AND
12 NOT TARGETING ANY SINGLE DEPARTMENT SEEKING TO OUT THAT
13 DEPARTMENT FOR DERELICTION BUT CALLING FOR FULL SCALE
14 COLLABORATION IN THE INTEREST OF CHILD SAFETY AND PROTECTION.
15 SO THE QUESTION IS REALLY SHALL WE WAIT UNTIL ANOTHER CHILD IS
16 PUT AT RISK OR WE HAVE TO DEAL WITH MORE HEADLINES THAT ARE
17 EMBARRASSING AND EXPENDING WHAT I CONSIDER PRECIOUS MORAL
18 CAPITAL? I WOULD THINK NOT. I THINK WE SHOULD TAKE THESE
19 RECOMMENDATIONS BEFORE US AND ONE HAVE CHILDREN UNDER THE AGE
20 OF ONE BE SEEN BY A MEDICAL HUB WHEN DETAINED OR PUBLIC HEALTH
21 NURSE TO GO OUT AND SEE THE CHILDREN WITH A SOCIAL WORKER WHO
22 IS INVESTIGATING CHILD ABUSE AND ACROSS THE REPORTING OF CHILD
23 ABUSE BY LAW ENFORCEMENT WHICH CAN ENSURE THAT D.C.F.S. KNOWS
24 WHEN THE CHILD HAD BEEN PREVIOUSLY SUBJECTED TO ABUSE. THESE
25 ARE THINGS THAT WE HAD KIND OF ANECDOTALLY DEALT WITH AS THEY



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1 CAME UP IN ISOLATED INSTANCES. THIS COMMISSION HAS LOOKED AT
2 IT COMPREHENSIVELY AND RECOMMENDED THAT IF WE WERE TO DO THESE
3 THINGS, WE COULD TAKE AN IMPORTANT STEP FORWARD. TODAY IS THE
4 DAY TO DO IT. AND I THINK IMMEDIATE IMPLEMENTATION OF THE
5 RECOMMENDATIONS IN OF A COST-NEUTRAL MANNER WOULD BE
6 CONSISTENT WITH OUR LONG-STANDING POLICY. AND I WOULD WANT TO
7 ADD D.H.S. AND D.P.H. WOULD COME FORWARD AND GIVE THEIR
8 REMARKS, BECAUSE I HAVE A FEW COMMENTS TO MAKE. SO DR.
9 FIELDING, DR. GHALLY, IF YOU WOULD BE KIND ENOUGH TO JOIN US,
10 THAT WOULD BE HELPFUL, MR. CHAIR.

11

12 **SUP. KNABE, CHAIRMAN:** WE HAVE BEEN IN DISCUSSION WITH YOUR
13 OFFICE, SUPERVISOR RIDLEY-THOMAS WE WILL WAIT FOR FURTHER
14 TESTIMONY TO MAKE SOME SUGGESTED CHANGES BECAUSE YOUR MOTION
15 IS CLEARLY IMPLEMENTING MOTION AND NOT WITHIN EXISTING
16 RESOURCES OR ANY COST BASIS FOR WHAT THE COST OF THESE THINGS
17 ARE. ALL THE RECOMMENDATION OF GOOD IS NOT A MATTER OF THERE'S
18 NOT ENOUGH; WE JUST DON'T KNOW WHAT ENOUGH IS AND THE COST
19 ASSOCIATED WITH ENOUGH TO DO THIS. AND THAT'S WHAT I THINK I'M
20 ASKING FOR AND I THINK MY COLLEAGUES ARE, AS WELL. SO WHOEVER
21 WANTS TO GO FIRST. DO YOU WANT TO MAKE ANY COMMENTS TO THEM
22 FIRST? OR YOU JUST WANT THEM TO?

23



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1 **SUP. RIDLEY-THOMAS:** NO, DR. GHALLY AND DR. FIELDING, ANY
2 REMARKS THAT YOU WOULD BE PREPARED TO OFFER, WE WOULD BE GLAD
3 TO HEAR FROM YOU.

4
5 **CHRISTINA GHALLY:** THANK YOU, I'M CHRISTINA GHALLY THE DEPUTY
6 DIRECT ARE FOR STRATEGIC PLANNING. WE DO AGREE WITH THE
7 RECOMMENDATIONS PROVIDED IN THIS MOTION. WE FEEL THAT THE
8 RECOMMENDATIONS THAT PERTAIN SPECIFICALLY TO THE DEPARTMENT OF
9 HEALTH SERVICES WOULD BE BENEFICIAL FOR THE CHILDREN THAT ARE
10 LESS THAN ONE YEAR OF AGE, TO HAVE THOSE CHILDREN DETAINED
11 WITHIN THE D.C.F.S. SYSTEM TO RECEIVE A MEDICAL SCREENING AND
12 EXAM AT ONE OF THE HUB CLINICS THAT ARE LOCATED ACROSS THE
13 D.H.S. SYSTEM OF CARE. THAT IS CONSISTENT WITH THE
14 RECOMMENDATIONS OF THE AMERICAN ACADEMY OF PEDIATRICS WHICH
15 HAVE SIMILAR RECOMMENDATIONS FOR DOING MEDICAL SCREENING EXAMS
16 FOR YOUNG CHILDREN THAT ARE DETAINED WITHIN CUSTODY SYSTEMS.
17 AND WE FEEL THAT THAT COULD POTENTIALLY HELP TO ALLEVIATE SOME
18 OF THE DANGERS THAT THOSE CHILDREN FACE. CURRENTLY THE VOLUME
19 OF CHILDREN THAT WOULD BE AFFECTED IS ABOUT 170 CHILDREN PER
20 MONTH. WE DO FEEL WITHIN THE DEPARTMENT THAT WE WOULD BE ABLE
21 TO ABSORB THAT VOLUME OF SCREENING WITHIN OUR EXISTING
22 RESOURCES WITHOUT THE NEED TO HIRE ADDITIONAL STAFF OR ADD TO
23 OUR BUDGET IN ONE FORM OR ANOTHER. AND WE SUPPORT THAT WE
24 COULD BE ABLE TO IMPLEMENT THOSE CHANGES WITHIN THE 45-DAY
25 PERIOD THAT'S OUTLINED IN THE MOTION AFTER PUTTING IN PLACE



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1 SOME VARIOUS PROCESSES AND PROTOCOLS TO BE ABLE TO ENSURE THAT
2 THE SCREENINGS TAKE PLACE IN A TIMELY MANNER. I'D BE HAPPY TO
3 ANSWER ANY QUESTIONS IF THERE ARE ANY.

4

5 **SUP. KNABE, CHAIRMAN:** ANY QUESTIONS BEFORE WE GO TO DR.
6 FIELDING? DR. FIELDING?

7

8 **DR. JONATHAN FIELDING:** THANK YOU VERY MUCH. AS A PEDIATRICIAN,
9 I'M TERRIBLY CONCERNED ABOUT THIS POPULATION. WE KNOW THAT THE
10 CHILDREN ZERO TO ONE ARE AT A CRITICAL DEVELOPMENTAL AGE AND
11 THEY'RE EVEN MORE AT RISK THAN SOME OTHERS, BOTH PHYSICAL AND
12 DEVELOPMENTALLY. THEY'RE MORE LIKELY TO HAVE NUTRITIONAL
13 PROBLEMS, MORE LIKELY TO HAVE SECONDHAND SMOKE EXPOSURE, MORE
14 LIKELY FOR A LOT OF PROBLEMS. MORE LIKELY TO NOT UNFORTUNATELY
15 HAVE THE KIND OF NURTURING THAT WE KNOW IS REALLY CRITICAL TO
16 NORMAL GROWTH AND DEVELOPMENT AT A TIME WHEN THE BRAIN IS
17 REALLY IN THE MIDST OF A VERY IMPORTANT SPURT AND DEVELOPMENT.
18 WE AGREE THAT EVERY CHILD SHOULD BE SCREENED. OUR ROLE HAS
19 BEEN TO STRONGLY SUPPORT D.C.F.S., OUR NURSES ARE INVOLVED
20 AFTER THE DECISION HAS BEEN MADE TO PUT THEM IN CUSTODY AND TO
21 PUT THEM IN FOSTER HOMES. OUR NURSES REVIEW IN THAT SITUATION,
22 ALL OUR PUBLIC HEALTH NURSES REVIEW ALL THE CHARTS. WE DO CARE
23 COORDINATION. WE GO OUT AND DO HOME VISITS. WE AGREE THAT THE
24 ZERO TO ONE POPULATION SHOULD RECEIVE A PRIORITY WITH RESPECT
25 TO THOSE VISITS. WE'RE FORTUNATE THAT WE HAVE VERY WELL



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1 TRAINED PUBLIC HEALTH NURSES WHO CAN LOOK NOT ONLY AT THE
2 PHYSICAL ISSUE BUT AT THE SOCIAL ENVIRONMENT, AT THE PHYSICAL
3 ENVIRONMENT WHICH ARE CRITICAL TO GROWTH AND DEVELOPMENT. I'M
4 JOINED BY DR. ALLEN TOMINAS, WHO IS A PEDIATRICIAN AND WHO IS
5 IN CHARGE OF THAT GROUP OF NURSES, APPROXIMATELY 80 NURSES
6 THAT GO OUT AND DO THIS WORK, WORKING CLOSELY WITH THE SOCIAL
7 WORKERS AND D.C.F.S.

8

9 **SUP. RIDLEY-THOMAS:** MR. CHAIRMAN?

10

11 **SUP. KNABE, CHAIRMAN:** YES.

12

13 **SUP. RIDLEY-THOMAS:** I GUESS THE QUESTION FOR EACH OF THESE
14 DEPARTMENTS WHO ARE BEING CALLED FORTH TO ENHANCE THEIR
15 EFFORTS IN COLLABORATION WITH D.C.F.S. IS THE RECOMMENDATIONS
16 AS THEY CURRENTLY STAND. IT IS MY UNDERSTANDING THAT YOU CAN
17 DO WHAT IS BEING RECOMMENDED WITH EXISTING RESOURCES. IS THAT
18 YOUR UNDERSTANDING? AND ARE YOU PREPARED TO REPRESENT THAT
19 TODAY, DR. GHALY?

20

21 **DR. GHALLY:** YES, THAT'S TRUE. DR. FIELDING?

22

23 **DR. JONATHAN FIELDING:** WE'RE CERTAINLY ABLE TO -- I'M GOING TO
24 HEDGE A LITTLE BIT BECAUSE OUR ROLE IS SUPPORTIVE OF D.C.F.S.

25



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1 **SUP. RIDLEY-THOMAS:** RIGHT.

2

3 **DR. JONATHAN FIELDING:** SO IT'S REALLY A QUESTION OF -- MAINLY
4 A QUESTION OF THEIR BUDGET, PARTICULARLY IN TERMS OF
5 INVESTIGATING ALL THE PURPORTED POTENTIAL CASES OF CHILD ABUSE
6 AND NEGLECT. SO WE'RE NOT INVOLVED IN THOSE INITIAL, SO I
7 CAN'T REALLY SPEAK TO THAT QUESTION. I CAN SAY THAT WE'RE ABLE
8 TO PRIORITIZE THE ZERO TO ONE POPULATION WITH OUR EXISTING
9 GROUP OF PUBLIC HEALTH NURSES. OUR CASELOAD IS UNFORTUNATELY
10 ABOUT 40 TO 50 PERCENT HIGHER THAN IS RECOMMENDED. WE HAVE AN
11 AVERAGE CASELOAD OF ABOUT 285 PER NURSE. IT'S RECOMMENDED IT
12 BE 200. SO WE'RE CONTINUING TO LOOK AND SEE HOW WE CAN BEST
13 PRIORITIZE TO MAKE SURE WE'RE BEING FAIR TO ALL THE OTHER
14 CHILDREN, AS WELL. WE'LL COME BACK IF WE FIND THAT THAT'S NOT
15 SUFFICIENT.

16

17 **SUP. KNABE, CHAIRMAN:** DO YOU HAVE ANY IDEA -- COULD I JUST
18 ASK? OUT OF ALL DUE RESPECT, YOU'RE SAYING NOW YOU CAN DO IT
19 WITHIN EXISTING RESOURCES. I'M NOT SURE WHY IT COULDN'T HAVE
20 BEEN DONE PREVIOUSLY UNDER EXISTING RESOURCES. DO YOU HAVE ANY
21 IDEA WHAT THE EXISTING RESOURCES' COSTS WOULD BE TO US, TO
22 YOUR BUDGET?

23

24 **DR. JONATHAN FIELDING:** I THINK THAT AT THIS POINT WE ARE ABLE
25 TO MEET THE NEEDS.



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1
2 **SUP. KNABE, CHAIRMAN:** IT'S NOT A MATTER OF MEETING THE NEEDS.
3 IF THE BOARD DIRECTS, YOU WILL FIGURE OUT A WAY TO DO IT. BUT
4 ALL I'M SAYING IS THIS IS A COMMISSION THAT WE ALL SUPPORT.
5 THIS IS A COMMISSION THAT'S GOING TO BE COMING BACK WITH
6 BEAUCOUP RECOMMENDATIONS, ALL OF WHICH WE PROBABLY WILL THINK
7 ARE GOOD, BUT IN THE BIG SCHEME OF THINGS, AT SOME POINT WE'LL
8 PROBABLY AS A MATTER OF RESOURCES HAVE TO PRIORITIZE. I
9 PERSONALLY THINK THE NURSE ISSUE IS ONE OF THE BIG ONES AND I
10 THINK THAT IS REALLY IMPORTANT. BUT FOR YOU TO SIT THERE AND
11 SAY THAT YOU CAN MEET IT WITHIN EXISTING RESOURCES AND NOT
12 GIVE US A DOLLAR AMOUNT NOR HAS THERE BEEN A DOLLAR AMOUNT
13 ATTACHED TO TRY TO IMPLEMENT A PROGRAM WITHOUT THE DOLLAR
14 AMOUNT, YOU GET INTO SOMETHING, AS WE DO SOMETIMES IN
15 GOVERNMENT, AND IT JUST ESCALATES AND IT GETS OUT OF CONTROL.
16 SO IF WE DO IT, I THINK WE SHOULD DO IT RIGHT. I THINK WE
17 SHOULD HAVE THE BUDGET DOLLARS FOR THAT. AND SO THAT WE KNOW
18 THAT WE HAVE A PROGRAM, NOT JUST A PROGRAM FOR RUNAWAY DOLLARS
19 BUT A PROGRAM TO DO THE RIGHT THING FOR THE KIDS. SO THAT'S
20 THE PROBLEM I HAVE WITH THE MOTION IS NOT WHAT ITS INTENT IS,
21 BUT TO IMPLEMENT WITHOUT KNOWING WHAT THOSE DOLLARS ARE ON 10
22 RECOMMENDATIONS, OF WHICH THERE WILL BE WHO KNOWS HOW MANY
23 MORE, I THINK MAKES IT DIFFICULT FOR US DOWN THE ROAD TO DEAL
24 WITH OTHER IMPORTANT ISSUES AS IT RELATES TO THE KIDS. BECAUSE
25 AT THE END OF THE DAY, THAT'S WHAT WE'RE TRYING TO DEAL WITH.



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1 WE'RE TRYING TO PUT TOGETHER SOMETHING TO RESPOND TO THE
2 COMMISSION, MORE IMPORTANTLY RESPOND TO THE KIDS AND THE
3 FAMILIES. BUT WE HAVE TO DO THAT IN CONTEXT OF HAVING THE
4 DOLLARS TO DO WHAT WE NEED TO DO AND PRIORITIZE THOSE
5 PROGRAMS.

6

7 **SUP. RIDLEY-THOMAS:** ALL RIGHT. MR. CHAIRMAN, PERHAPS IN LIGHT
8 OF DR. FIELDING'S TESTIMONY THAT HE BELIEVES THAT THE
9 RECOMMENDATION CAN BE APPROPRIATELY PRIORITIZED, CAN'T SPEAK
10 EXHAUSTIVELY TO THE COST IMPLICATIONS AT THIS POINT, I
11 INTERPRET THAT TO MEAN THAT THERE'S NO REASON FOR ALARM. BUT
12 HE DID ALSO INDICATE THAT THIS WOULD NEED TO BE DONE IN TANDEM
13 WITH D.C.F.S. AS D.P.H. BACKS D.C.F.S. UP IN THE WORK THAT
14 NEEDS TO BE DONE WITH THE SOCIAL WORKERS, NOW ADDING A PUBLIC
15 HEALTH NURSE. PERHAPS IT'S APPROPRIATE TO ASK MR. BROWNING IF
16 HE WOULD HELP SHED SOME LIGHT ON THIS SUBJECT, AND I'D BE GLAD
17 TO, WITH YOUR PERMISSION, MR. CHAIRMAN, INVITE MR. BROWNING TO
18 COME FORWARD SO THAT WE COULD GET FURTHER EXPLANATION.

19

20 **SUP. YAROSLAVSKY:** IF WE COULD ASK DR. FIELDING TO REMAIN UP
21 THERE BECAUSE I MAY HAVE QUESTIONS FOR BOTH OF THEM.

22

23 **SUP. KNABE, CHAIRMAN:** AND THE HEALTH DEPARTMENT, AS WELL, TOO.
24 IT'S ALL APPROPRIATE TESTIMONY, BUT THERE IS NO DOLLARS
25 ATTACHED TO THE TESTIMONY.



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1

2 **SUP. RIDLEY-THOMAS:** I GET THAT. BUT I WANT TO ASSOCIATE MYSELF
3 WITH THE INITIAL POINT YOU MADE, THAT THIS IS ALL APPROPRIATE
4 TESTIMONY BECAUSE I THINK ALL OF US ARE TRYING TO MOVE IN THE
5 DIRECTION OF MAXIMIZING CHILD SAFETY AND PROTECTION. GOOD
6 MORNING, MR. BROWNING.

7

8 **PHILIP BROWNING:** GOOD MORNING, SIR.

9

10 **SUP. RIDLEY-THOMAS:** THE MATTER IS BEFORE US AS YOU WELL KNOW,
11 AND IT SEEMS TO ME THAT YOU HAD OPPORTUNITY TO RESPOND THROUGH
12 YOUR OWN COMMUNICATION TO THE BOARD PURSUANT TO OUR REQUEST ON
13 THE BLUE RIBBON COMMISSION'S INTERIM REPORT AND
14 RECOMMENDATIONS. WE SEE NO SUBSTANTIAL POINT OF OBJECTION THAT
15 YOU'VE RAISED, BUT IN FACT HAVE ELECTED -- YOU HAVE ELECTED TO
16 EMBRACE THE RECOMMENDATIONS IN LARGE MEASURE. ON THE QUESTION
17 OF THE MOTION, PERHAPS IT WOULD BE HELPFUL FOR YOU TO PICK UP
18 ON WHERE DR. FIELDING LEFT OFF IN TERMS OF YOUR BEING THE LEAD
19 ENTITY WITH RESPECT TO THE COORDINATION WITH THE SOCIAL WORKER
20 AND THE PUBLIC HEALTH NURSE AS IS BEING RECOMMENDED. THE
21 BOARD'S CONCERN, AND RIGHTLY SO, IS COST IMPLICATIONS. WE'VE
22 REQUESTED BY WAY OF RECOMMENDATION HERE THAT THESE BE DONE
23 WITHIN -- THESE RECOMMENDATIONS BE DONE WITHIN EXISTING
24 RESOURCES, COST-NEUTRAL IMPLICATIONS. BUT BOTTOM LINE, THE
25 PROTECTION OF CHILDREN, WHICH I KNOW IS OF TANTAMOUNT



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1 IMPORTANCE TO YOU, AS WELL. SO WOULD YOU WEIGH IN AND OFFER
2 YOUR INSIGHTS ON THIS, PLEASE?

3

4 **PHILIP BROWNING:** CERTAINLY. I THINK WE SENT A LETTER BACK TO
5 YOU AND THE BOARD A COUPLE OF DAYS AGO INDICATING THAT WE
6 THOUGHT THERE WAS A LOT OF MERIT IN THESE RECOMMENDATIONS,
7 PARTICULARLY WITH PUBLIC HEALTH. I WANT TO BE AS CLEAR AS I
8 CAN THAT I'M NOT CONFIDENT THAT WE HAVE CURRENT RESOURCES THAT
9 COULD MANAGE TO SEE ALL THE CHILDREN THAT ARE NEEDED UNDER ONE
10 WITH THE SOCIAL WORKER AND A PUBLIC HEALTH NURSE. RIGHT NOW WE
11 HAVE ABOUT 130 OR 40 OR SO NURSES THROUGHOUT THE DEPARTMENT,
12 BUT WE HAVE OVER 3,000 SOCIAL WORKERS. I THINK NURSES ARE
13 CRITICAL. AND WE CERTAINLY WORKED HARD WITH THE PUBLIC HEALTH
14 DEPARTMENT. SO THEY HAVE A GROUP OF NURSES AND WE HAVE A GROUP
15 OF NURSES. OUR NURSES ARE PRIMARILY DIRECTED WHEN THERE IS NOT
16 AN OPEN CASE. SO THE PUBLIC HEALTH NURSES THAT ARE UNDER THE
17 DEPARTMENT OF PUBLIC HEALTH, I THINK THEY'RE RESTRICTED, IF
18 YOU WILL, TO SERVE THOSE CHILDREN WHERE WE HAVE ALREADY OPENED
19 A CASE. AND WE HAVE ABOUT 7,000 OF THOSE CHILDREN UNDER TWO
20 YEARS OF AGE THAT ARE CURRENTLY IN SOME SORT OF RELATIVE OR
21 FOSTER HOME PROGRAM. THE CHILDREN -- AND SO THOSE NURSES CAN
22 REALLY BE OF ASSISTANCE TO OUR WORKERS THERE. THE PUBLIC
23 HEALTH NURSES ARE HOUSED IN OUR LOCAL OFFICES. AND THERE'S A
24 WAITING LIST, SO TO SPEAK. SO IF ONE OF OUR SOCIAL WORKERS
25 WANTS A CONSULTATION, THEY HAVE TO GO TO ONE OF THE NURSES,



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1 JUST BECAUSE THERE ARE NOT ENOUGH OF THEM. WE ALSO HAVE THE
2 PUBLIC HEALTH NURSES WHO ARE EMPLOYED BY THE DEPARTMENT OF
3 CHILDREN AND FAMILY SERVICES, AND THEY HAVE A LITTLE MORE
4 LATITUDE BECAUSE THEY CAN GO OUT ON A CASE THAT HASN'T
5 ACTUALLY BEEN OPENED. SO THEY CAN GO ON AN EMERGENCY RESPONSE
6 SITUATION. BUT IN MOST CASES PUBLIC HEALTH NURSES HAVE NOT
7 ACTUALLY DONE THAT BECAUSE OF THEIR POSITION DESCRIPTION.
8 THEY'RE NOT R.N.S IN THE SENSE THAT THEY'RE OUT TAKING
9 TEMPERATURES AND BLOOD PRESSURE AND THAT SORT OF THING.

10

11 **SUP. RIDLEY-THOMAS:** JUST A COUPLE OF QUESTIONS. DOES THE
12 DEPARTMENT CURRENTLY KEEP DATA ON THE HEALTH OUTCOMES OF
13 CHILDREN SEEN BY THE NURSES THAT YOU MAKE REFERENCE TO?

14

15 **PHILIP BROWNING:** YES, WE DO HAVE DATA. I THINK WE'VE PROVIDED
16 THAT SOMETIME IN THE PAST. I DIDN'T BRING THAT WITH ME. BUT I
17 KNOW THAT THE NURSES KEEP TRACK OF THE VISITS THEY MAKE, THE
18 CONSULTATIONS AND THE ASSISTANCE THEY PROVIDE TO THE SOCIAL
19 WORKERS. WHAT WE WOULD LIKE TO HAVE IS A SITUATION THAT WE
20 HAVE WITH OUR CURRENT SOCIAL WORKERS WHERE WE HAVE A 24/7
21 OPERATION, WHERE WE CAN DISPATCH A SOCIAL WORKER IN THE MIDDLE
22 OF THE NIGHT. SO IF IT'S AT 2:00 IN THE MORNING, WE GET AN
23 EMERGENCY CALL, WE HAVE A SOCIAL WORKER WHO CAN GO. WE DON'T
24 HAVE THAT SORT OF RELATIONSHIP WITH THE PUBLIC HEALTH NURSES.



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1 AND I THINK THAT'S IN SOME RESPECT DUE TO THE HISTORICAL
2 NATURE OF THE USE OF THEM AS A CONSULTANT.

3

4 **SUP. RIDLEY-THOMAS:** WHICH IS A THRUST OF THE MOTION. WHICH IS
5 A THRUST OF THE RECOMMENDATION BEING MADE BY THE BLUE RIBBON
6 COMMISSION TO CURE THAT PROBLEM. IF I INTERPRET WHAT YOU'RE
7 SAYING CORRECTLY, THERE'S A NEED FOR BETTER COORDINATION
8 COLLABORATION BETWEEN THOSE TWO SETS OF HEALTH PROVIDERS. THAT
9 IS TO SAY THE SOCIAL WORKERS ON THE ONE HAND AND THE PUBLIC
10 HELD NURSES ON THE OTHER IN THE INTEREST OF INSURING THAT A
11 QUALITY VISIT TAKES PLACE AND THAT A CHILD'S SAFETY AND
12 PROTECTION IS MAXIMIZED. THIS IS A GAP THAT THE COUNTY OF LOS
13 ANGELES HAS TO FILL. IT IS COMMON PRACTICE. IT IS BEST
14 PRACTICE THROUGHOUT THE NATION AND THE BLUE RIBBON COMMISSION
15 HAS CALLED IT TO OUR ATTENTION AND THEREFORE THE
16 RECOMMENDATION. AND PERHAPS YOU CAN SPEAK TO A TYPICAL AND
17 ONGOING CASELOAD FOR A NURSE THAT'S CURRENTLY OPERATING IN THE
18 CONTEXT OF THE D.C.F.S. AND MR. BROWNING.

19

20 **PHILIP BROWNING:** I THINK IN MOST CASES THEY DON'T HAVE AN
21 ONGOING CASELOAD. IT'S LIKE A SOCIAL WORKER IN CONTINUING
22 SERVICES. THEY ARE THERE FOR CONSULTATION. SO IF ONE OF OUR
23 WORKERS HAS A SITUATION WHERE THEY HAVE A CHILD THAT MIGHT
24 HAVE A RASH, THEY WOULD CONTACT THE NURSE AND GET



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1 CONSULTATION. THERE ARE WORKERS -- NURSES WHO DO MAKE HOME
2 VISITS, BUT THAT'S NOT THEIR TRADITIONAL ROLE.

3

4 **SUP. KNABE, CHAIRMAN:** WHAT IS THEIR TRADITIONAL ROLE?

5

6 **PHILIP BROWNING:** WELL I THINK THEIR TRADITIONAL ROLE IS TO
7 PROVIDE CONSULTATION. SO IF OUR SOCIAL WORKERS HAVE A QUESTION
8 OR A CONCERN, PARTICULARLY WITH A CHILD THAT IS IN THEIR CARE,
9 THEN WE CAN CONTACT THE PUBLIC HEALTH NURSE. I'VE GONE TO THE
10 OFFICES. AND THERE'S OFTEN A LINE STANDING OUT IN FRONT OF THE
11 PUBLIC HEALTH NURSE'S CUBICLE WHERE THE WORKER IS SAYING: CAN
12 YOU HELP ME WITH THIS SPECIFIC SITUATION? CAN YOU GIVE ME
13 ADVICE? AND I THINK THE NURSE IS IN A POSITION TO DO THAT FROM
14 THE OFFICE SETTING. BUT THEY ARE NOT IN THE FIELD IN THE SAME
15 SENSE THAT OUR SOCIAL WORKERS ARE VISITING EVERY MONTH OR
16 PROVIDING AN EMERGENCY RESPONSE. I THINK THE HOPE HAD BEEN
17 THERE MIGHT BE A WAY THAT WE COULD TAG TEAM A NURSE AND A
18 SOCIAL WORKER WHO WOULD GO OUT IN THE MIDDLE OF THE NIGHT IF
19 THERE WAS A CHILD THAT CAME TO THE ATTENTION OF THE DEPARTMENT
20 AND WE THOUGHT IT WAS AN URGENT SITUATION.

21

22 **SUP. RIDLEY-THOMAS:** LET ME JUST GET THIS ONE LAST QUESTION IN,
23 MR. CHAIRMAN. AND IT'S THE REPORT WHICH WE ARE APPRECIATIVE OF
24 THAT YOU ISSUED IN RESPONSE TO THE BOARD'S REQUEST FOR YOU TO
25 DO SO IN THAT YOU PUT IN A NUMBER OF APPROXIMATELY 88 MORE



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1 NURSES WOULD BE NEEDED TO PRIORITIZE VISITS FOR EVERY INFANT.
2 SOME OF US WERE TAKEN ABACK BY THAT NUMBER, MR. BROWNING. AND
3 SO IT SEEMS TO ME THAT THERE'S A NEED TO JUSTIFY THAT
4 PROJECTION. AND WHAT'S THE ANALYSIS? WHERE'S THE DATA THAT
5 MAKES IT CLEAR THAT THAT MANY MORE HIRES WOULD BE WARRANTED?
6 THE ASSUMPTION AND THE ASSERTION BEING MADE HERE IN THE
7 RECOMMENDATIONS WOULD BE WITHIN EXISTING RESOURCES. THEREFORE
8 I THINK IN ORDER TO GET STARTED MINIMALLY THERE SHOULD BE SOME
9 EFFORT TO INDICATE WHAT COULD BE DONE WITHIN EXISTING
10 RESOURCES RATHER THAN ESSENTIALLY SAYING IT WOULD REQUIRE AS
11 MANY AS ALMOST A 100 MORE NURSES TO GET THIS DONE. WHAT CAN BE
12 DONE WITHIN EXISTING RESOURCES TO ACCOMPLISH WHAT YOU HAVE
13 INDICATED IS AN IMPORTANT THING TO ACCOMPLISH IN TERMS OF
14 SOCIAL WORKERS AND PUBLIC HEALTH NURSES?

15

16 **PHILIP BROWNING:** I THINK WHAT WE CAN DO IS BRING BACK SOME
17 MATERIAL WHICH WILL DESCRIBE HOW WE CAME UP WITH THAT NUMBER.
18 I THINK IT WAS BASED ON THE LARGE NUMBER OF CHILDREN THAT WE
19 SEE AND THE FACT THAT THE NUMBER OF CHILDREN WE SEE UNDER ONE
20 IS GROWING. SO IT'S GROWN FROM THREE OR FOUR YEARS AGO, IT'S
21 GROWN THREE OR FOUR PERCENT. SO WE'RE SEEING MORE CHILDREN
22 UNDER ONE. AND I THINK WHAT WE WOULD DO IS LOOK AT THE
23 EXISTING RESOURCES. WE WOULD HAVE TO REDIRECT THE EXISTING
24 RESOURCES IF WE WERE TO MOVE IN THE DIRECTION YOU'RE
25 PROPOSING. WE WOULD HAVE TO CERTAINLY COME TO SOME SORT OF AN



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1 AGREEMENT WITH NURSES THAT THEY WOULD BE WORKING ON A 24/7
2 OPERATION INSTEAD OF A TRADITIONAL WORKFORCE HOURS. THAT'S NOT
3 TO SAY THAT IT COULDN'T BE DONE, BUT I DO THINK THAT THAT
4 WOULD BE SOMETHING WE'D WANT TO BRING BACK TO THIS GROUP TO
5 FULLY DISCUSS.

6

7 **SUP. RIDLEY-THOMAS:** FINAL QUESTION, MR. CHAIRMAN. AND, MR.
8 BROWNING, IN TERMS OF YOUR ANALYSIS AND YOUR PROJECTIONS, WAS
9 THAT DONE IN COLLABORATION WITH PUBLIC HEALTH TO TRY TO GET TO
10 THE SPIRIT AND INTENT OF THE RECOMMENDATIONS AS TO SOCIAL
11 WORKERS AND PUBLIC HEALTH NURSES WORKING TOGETHER? I MEAN, DID
12 THIS ANALYSIS INCLUDE THOSE WHO WOULD BE REQUIRED TO BACK YOU
13 UP?

14

15 **PHILIP BROWNING:** I BELIEVE THERE WAS CONSULTATION WITH SOME OF
16 THE MEDICAL PROFESSIONALS. WE DO HAVE A PSYCHIATRIST THAT
17 WORKS FOR US. AND I BELIEVE THAT THE DEPARTMENT OF PUBLIC
18 HEALTH OR MAYBE HEALTH WAS CONSULTED TO COME UP WITH SOME OF
19 THESE ESTIMATES.

20

21 **SUP. RIDLEY-THOMAS:** BUT YOU'RE NOT COMPLETELY SURE THAT THAT
22 WAS DONE?

23

24 **PHILIP BROWNING:** I COULD FIND OUT IN 15 MINUTES BY MAKING A
25 PHONE CALL.



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1

2 **SUP. RIDLEY-THOMAS:** IT MIGHT BE BY LOOKING TO YOUR RIGHT AND
3 ASKING THE GENTLEMAN TO YOUR RIGHT IF THAT WAS THE CASE.

4

5 **DR. JONATHAN FIELDING:** WE'VE CERTAINLY BEEN IN CLOSE CONTACT
6 WITH D.C.F.S. I DON'T KNOW THAT WE'VE BEEN PARTY TO
7 DEVELOPMENT OF THOSE NUMBERS.

8

9 **SUP. RIDLEY-THOMAS:** ALL RIGHT. THANK YOU, MR. CHAIRMAN.

10

11 **SUP. KNABE, CHAIRMAN:** SUPERVISOR ANTONOVICH?

12

13 **SUP. ANTONOVICH:** DOES THE DEPARTMENT OF CHILDREN AND FAMILY
14 SERVICES HAVE ON STAFF PUBLIC HEALTH NURSES?

15

16 **PHILIP BROWNING:** WE DO.

17

18 **SUP. ANTONOVICH:** I DON'T UNDERSTAND THE PROBLEM WITH THE
19 DEPARTMENT HAVING TO INTERFACE WITH THE DEPARTMENT OF PUBLIC
20 HEALTH AND THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES IF
21 THE NURSES ARE ON YOUR STAFF AND NOT THE DEPARTMENT OF PUBLIC
22 HEALTH.

23

24 **PHILIP BROWNING:** WELL THERE ARE TWO SETS OF NURSES. ONE ARE
25 EMPLOYED BY THE DEPARTMENT OF PUBLIC HEALTH. AND THEN THERE'S



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1 A NUMBER THAT'S ABOUT THE SAME NUMBER THAT ARE EMPLOYED BY THE
2 DEPARTMENT OF CHILDREN AND FAMILY SERVICES. SO THE ONES THAT
3 ARE EMPLOYED BY THE DEPARTMENT OF PUBLIC HEALTH, THEY'RE
4 PUBLIC HEALTH NURSES. AND THEY ARE IN OUR OFFICES JUST LIKE
5 THE QUOTE/UNQUOTE PUBLIC HEALTH NURSES THAT ARE D.C.F.S.
6 EMPLOYEES. SO THEY'RE BOTH IN OUR OFFICES. THE PUBLIC HEALTH
7 NURSES THAT ARE EMPLOYED BY D.C.F.S. CAN GO OUT BEFORE A CASE
8 IS ACTUALLY OPENED. I THINK THERE'S A SITUATION, A FUNDING
9 SITUATION WITH THE NURSES THAT ARE EMPLOYED BY THE DEPARTMENT
10 OF PUBLIC HEALTH. SO THEY'RE PRIMARILY USED AFTER A CASE HAS
11 BEEN ESTABLISHED.

12

13 **SUP. ANTONOVICH:** OKAY. THE FUNDING IS BECAUSE PUBLIC HEALTH
14 HAS A SEPARATE FUNDING SOURCE FOR THOSE POSITIONS THAN YOU
15 HAVE? AND WHY DO WE ALLOW THAT DISPARITY TO CONTINUE? WHY
16 CAN'T THEY BE CONSOLIDATED OR IF YOUR HANDS ARE TIED BECAUSE
17 OF SOME BUREAUCRATIC STRAIGHT-JACKETS, THAT YOU HAVE THE
18 ABILITY TO CONTRACT FOR THAT PUBLIC HEALTH NURSE TO GO OUT
19 WHEN THE NEED ARISES, INSTEAD OF BEING LEFT IN A SITUATION
20 WHERE YOU HAVE A BARRIER THAT LEAVES THE CHILD A VICTIM OF
21 BUREAUCRACY?

22

23 **PHILIP BROWNING:** WELL, I KNOW FOR THE NURSES THAT ARE D.C.F.S.
24 EMPLOYEES, THAT THERE ARE DIFFERENCES IN WHAT THEIR DUTIES --

25



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1 **SUP. ANTONOVICH:** WHY CAN'T WE HAVE ALL OF THOSE DIFFERENCES
2 RESOLVED SO THAT INDIVIDUAL IS ABLE TO RESPOND WHEN THE NEED
3 ARISES, WHICH IS A 24/7 PROBLEM?

4

5 **PHILIP BROWNING:** I THINK IT'S A FUNDING ISSUE.

6

7 **SUP. ANTONOVICH:** WHY CAN'T WE RESOLVE THAT FUNDING ISSUE AT
8 THE BEGINNING WHEN WE DO THE BUDGETS INSTEAD OF PIECEMEAL AS
9 WE MOVE ALONG? AND WHY WASN'T THIS ISSUE BROUGHT TO OUR
10 ATTENTION SOONER THAT THERE IS A FUNDING MECHANISM THAT
11 PREVENTS THIS COLLABORATION?

12

13 **PHILIP BROWNING:** I THINK IT'S BEEN BROUGHT TO THE BOARD'S
14 ATTENTION IN THE PAST. THIS IS A LONG-STANDING PRACTICE FOR
15 FIVE OR SIX YEARS. I KNOW STAFF IN OUR DEPARTMENT AND THE
16 PUBLIC HEALTH DEPARTMENT HAVE TALKED ABOUT HOW WE COULD CHANGE
17 THOSE RULES. AND, FRANKLY, SUPERVISOR, I THOUGHT IT WOULD BE
18 PRETTY EASY. BUT I LOOKED AT THE REGULATION AND THE STATUTE
19 AND THERE DIDN'T SEEM TO BE ANY WAY AROUND THE FUNDING
20 MECHANISM THAT SAID FOR THE PUBLIC HEALTH NURSES THAT ARE
21 EMPLOYED BY THE DEPARTMENT OF PUBLIC HEALTH, THEY COULD NOT GO
22 OUT ON AN EMERGENCY SITUATION AND BE PAID FOR.

23

24 **SUP. ANTONOVICH:** THAT IS A STRAIGHT-JACKET. THEY COULD BE PAID
25 FOR. HOW DO WE THEN CHANGE THAT REGULATION? IS IT A REGULATION



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1 WE IMPOSE? IS IT A REGULATION BY THE STATE OR IS IT A
2 REGULATION BY THE FEDERAL GOVERNMENT?

3

4 **PHILIP BROWNING:** I DON'T WANT TO SPEAK OUT OF TURN. I THINK
5 THE DEPARTMENT OF PUBLIC HEALTH WOULD BE BETTER POSITIONED TO
6 SPEAK TO THAT POINT.

7

8 **DR. JONATHAN FIELDING:** I KNOW THAT THE C.E.O. LOOKED AT THIS
9 ISSUE SOMETIME IN THE NOT- TOO-DISTANT PAST. MY UNDERSTANDING
10 IS THAT THE HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE
11 PROVIDES ASSISTANCE TO THE MEDICAL ASSISTANCE, COORDINATION
12 FOR CHILDREN AND FAMILY YOUTH THAT HAVE BEEN PLACED BY COURT
13 ORDER OUTSIDE THE HOME AND INTO FOSTER CARE. I'M NOT SURE IF
14 THAT'S STATE REGULATION OR FEDERAL REGULATION.

15

16 **SUP. ANTONOVICH:** OKAY. WE WORKED WITH PRESIDENT GEORGE W. BUSH
17 AND WE WERE ABLE TO CHANGE REGULATIONS THAT ALLOWED US TO
18 PROVIDE RESOURCES FOR THE EMANCIPATED YOUTH. HE SIGNED THE
19 LEGISLATION, THE AUTHORITY. IT REQUIRED THE STATES TO DO THAT.
20 HE GAVE US THAT AUTHORITY. WE WORKED WITH THE STATE AND
21 SPEAKER BASS AND IS IT SUPERVISOR MAZO, MATA, FROM NORTHERN
22 CALIFORNIA, THEY HAD A BIPARTISAN LEGISLATION. IT WAS SIGNED
23 INTO LAW BY GOVERNOR SCHWARZENEGGER THAT GAVE THE COUNTIES
24 THAT ABILITY. SO THERE WAS A ROADBLOCK AND WE CHANGED THAT
25 ROADBLOCK. WE HAD A PROBLEM WITH THE DEPARTMENT WITH THE METRO



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1 TRANSIT SYSTEM AND NOW WE HAVE THE BUS PASSES FOR EMANCIPATED
2 YOUTH. WE WERE ABLE TO CHANGE THOSE REGULATIONS. I'M SAYING IF
3 THERE'S A ROADBLOCK, LET'S NOT JUST SAY THAT THERE'S A
4 PROBLEM; WE CAN GO UP TO THE FEDS AND WORK FOR THOSE CHANGES.
5 WE CAN GO TO THE STATE AND WORK FOR THOSE CHANGES. BUT LET'S
6 ALL BE ON THE SAME PAGE INSTEAD OF HAVING OUR CHILDREN BEING
7 LEFT VICTIMIZED BECAUSE OF BARRIERS THAT WE PUT UP THROUGH A
8 BUREAUCRATIC MAZE THAT SERVES NO ONE BUT THE BUREAUCRACY.
9 THAT'S MY FRUSTRATION.

10

11 **PHILIP BROWNING:** I AGREE, SUPERVISOR. I THINK YOU'VE GOT A
12 GREAT POINT. AND WE PROBABLY NEED TO RE-VISIT THAT ISSUE. I
13 HAVE TALKED WITH THE STATE LEADERS THEMSELVES ABOUT COULD WE
14 MAKE A CHANGE? THEY WERE SAYING IT WAS MORE DIFFICULT. THEY
15 WEREN'T IN A POSITION TO DO IT. BUT WE PROBABLY NEED TO RE-
16 VISIT THAT.

17

18 **SUP. ANTONOVICH:** I WOULD SAY CONGRESSWOMAN BASS, WHO HELPED
19 WITH THAT EMANCIPATED YOUTH, THE PRESIDENT'S NO LONGER THERE,
20 BUT THE BUREAUCRACY THAT CREATED THAT IS STILL IN WASHINGTON.
21 SHE'S NOW IN WASHINGTON. SHE NOW HAS EXPERIENCE AT THE STATE
22 LEVEL. SO WE HAVE AN ALLY THERE IF THAT REQUIRES IT. AND THEN
23 I KNOW A COLLEAGUE WHO HAS A SON IN THE LEGISLATURE WHO MAKES
24 THIS A PRIORITY. SO WE HAVE CONTACTS IN BOTH REPUBLICAN AND



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1 DEMOCRAT PARTIES ON A POLICY THAT BENEFITS ONE PERSON: THE
2 VICTIM, THE CHILD, THAT WE COULD GET BIPARTISAN SUPPORT FOR.

3

4 **PHILIP BROWNING:** THAT'S A GREAT POINT. WE'LL GET WITH THE
5 C.E.O., PUBLIC HEALTH AND WE'LL GET BACK WITH YOUR OFFICE IF
6 THAT'S ACCEPTABLE.

7

8 **SUP. KNABE, CHAIRMAN:** I THINK YOU SHOULD GET BACK WITH ALL THE
9 BOARD OFFICES.

10

11 **PHILIP BROWNING:** ALL THE BOARD OFFICES.

12

13 **SUP. KNABE, CHAIRMAN:** YEAH, OBVIOUSLY I STARTED OUT THE YEAR
14 AS "CHEER FOR A CHALLENGE" AWARD. IT'S OBVIOUS YOU'RE NOT
15 COMPETING FOR IT BECAUSE YOU GUYS AREN'T TALKING TO EACH
16 OTHER. THAT'S JUST AN OBSERVATION, OKAY? SO, AGAIN, MY CONCERN
17 -- AND I OFFERED SOME LANGUAGE CHANGES WHICH THE MAKER OF THE
18 MOTION DIDN'T AGREE TO AND UNDERSTAND THAT. SO I HAVE ANOTHER
19 MOTION THAT I'D LIKE TO PUT ON THE TABLE AS IT RELATES TO THIS
20 IF THERE ARE NO FURTHER QUESTIONS FOR THESE FOLKS. YES, SURE.

21

22 **SUP. ANTONOVICH:** APT THAT'S A REPORT BACK ON WHAT WE WERE JUST
23 TALKING ABOUT, RIGHT? YEA, I KNOW, REGARDLESS. EXCUSE ME.

24



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1 **SUP. YAROSLAVSKY:** I JUST WANTED TO MAKE A COMMENT. I'M AWARE
2 OF THE MOTION BEING INTRODUCED AND I'M GOING TO SUPPORT IT. WE
3 DON'T HAVE A LOT OF TEMPLATES FOR HOW TO HANDLE
4 RECOMMENDATIONS THAT COME IN ON AN INTERIM BASIS FROM A BLUE
5 RIBBON COMMISSION. WE DIDN'T HAVE INTERIM RECOMMENDATIONS THAT
6 I RECALL ON THE JAIL VIOLENCE COMMISSION. THEY MADE A SET OF
7 RECOMMENDATIONS. DURING THE COURSE OF THOSE RECOMMENDATIONS
8 THE C.E.O. WAS ADVISED IN THEM, WAS INVOLVED WITH THEM, WITH
9 THE RECOMMENDATIONS FINALLY CAME OUT, THERE WAS KIND OF A
10 REALITY CHECK, FISCAL ISSUES AND ORGANIZATIONAL ISSUES THAT
11 FUJIOKA AND HIS STAFF WERE ABLE TO NEGOTIATE WITH THE
12 SHERIFF'S DEPARTMENT AND OTHER PEOPLE, OTHER ENTITIES IN THE
13 COUNTY TO MAKE IT FINANCIALLY FEASIBLE. THIS PARTICULAR SET OF
14 RECOMMENDATIONS, THE 10 THAT THEY HAVE MADE, AND IT'S NOT JUST
15 THREE, IT'S 10 RECOMMENDATIONS THEY HAVE MADE ON AN INTERIM
16 BASIS, I THINK THEY SHOULD ALL BE EVALUATED. I'LL EXPLAIN WHY
17 IN A SECOND. BUT THOSE RECOMMENDATIONS NEED TO BE VETTED IN
18 THE SAME WAY THAT THE RECOMMENDATIONS, THE 80 OR SOME ODD
19 RECOMMENDATIONS THE JAIL VIOLENCE COMMISSION MADE. SO WHEN THE
20 COMMISSION WANTED 150 DEPUTIES IN THE JAIL, IT WAS DETERMINED
21 THAT 82 WOULD WORK, THAT ENDED UP BEING WHAT THE FINAL PACKAGE
22 LOOKED LIKE. AND I THINK RIGHT NOW, WHAT'S HAPPENING IS THAT
23 THERE TENDS TO BE -- THERE'S TENDING TO BE A SERIES OF
24 RECOMMENDATIONS THAT ARE BEING MADE BY A COMMISSION WHICH IS
25 VERY SHARP AND THEY KNOW WHAT THEY'RE DOING ON THE POLICY



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1 FRONT FOR THE MOST PART. THERE ARE THINGS THAT ARE FALLING
2 THROUGH THE CRACKS. AND SOME OF THOSE HAVE BEEN TALKED ABOUT
3 TODAY AND THEY'LL BE TALKED ABOUT IN THE FUTURE, I'M SURE. BUT
4 THERE NEEDS TO BE A FISCAL FINANCIAL AS WELL AS POLICY VETTING
5 OF THIS BEYOND JUST THE COMMISSION BECAUSE I'VE LISTENED TO
6 THE COMMISSION MEETINGS. I'VE WATCHED THEM. AND IT'S VERY
7 COLLABORATIVE. AND WHEN SOMEBODY MAKES A RECOMMENDATION TO GO
8 TO THE MOON, WE GO TO THE MOON. WHEN THEY SAY WE'LL GO TO
9 MARS, WE'RE ALL GOING TO GO TO MARS. AND THEN YOU FIND OUT
10 WHAT THE COST IS. SO TWO THINGS I WANTED TO SUGGEST. NUMBER
11 ONE IS THERE'S GOING TO BE A FINAL REPORT IN APRIL? APRIL
12 18TH. THIS REPORT, THIS MOTION WAS ASKING THIS COME BACK IN 45
13 DAYS WHICH I BELIEVE IS TWO WEEKS OR SO BEFORE THE FINAL
14 REPORT COMES IN. I THINK IT'S VALUABLE FOR US, THE COUNTY
15 FAMILY, TO START EVALUATING THE INTERIM RECOMMENDATIONS NOW.
16 THERE'S NO REASON WHY WE SHOULDN'T. THEY'RE OUT THERE. WE
17 SHOULD LOOK AT IT. BUT WE SHOULDN'T PULL THE TRIGGER ON ANY
18 IMPLEMENTATION UNTIL WE SEE THE REST OF THE REPORT. BECAUSE
19 WE'VE GOT TO SEE THE WHOLE PACKAGE. NOT ONLY FROM A FINANCIAL
20 POINT OF VIEW BUT HOW THE WHOLE PACKAGE WILL WORK TOGETHER,
21 HOW THE DEPARTMENTS WILL WORK TOGETHER. YOU'VE GOT 80 SOME-ODD
22 PUBLIC HEALTH NURSES. HE'S GOT 80 SOME-ODD PUBLIC HEALTH
23 NURSES. I'M TRYING TO FIGURE OUT SINCE YOUR PUBLIC HEALTH
24 NURSES SPEND ALL, IF NOT MOST OF THEIR TIME, IF NOT ALL OF
25 THEIR TIME, MOST OF THEIR TIME ON CHILD WELFARE CASES, WHY THE



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1 80 SOME ODD PUBLIC HEALTH NURSES DON'T GET TRANSFERRED INTO
2 BROWNING'S SHOP TO GIVE DEPARTMENT OF CHILDREN AND FAMILY
3 SERVICES A LITTLE MORE FLEXIBILITY. IF THEY'RE BOTH DOING THE
4 SAME THING, BUT BEING IN SEPARATE DEPARTMENTS IS PREVENTING
5 THEM FROM DOING IT IN THE MOST EFFECTIVE WAY POSSIBLE, MAYBE
6 THERE'S A WAY -- THAT'S A SMALL EXAMPLE OF SOMETHING THAT
7 COMES TO MY MIND THAT NEEDS TO BE VETTED. SO I BELIEVE THAT WE
8 NEED TO EVALUATE ALL OF THESE RECOMMENDATIONS WITHOUT ANY
9 PREDETERMINATION THAT WE'RE GOING TO IMPLEMENT ANY OF THEM
10 BECAUSE THE MOTION SAYS TO DO IT WITHIN EXISTING RESOURCES.
11 BUT I THINK WE'VE HEARD AND COMMON SENSE DICTATES THAT WE'RE
12 NOT GOING TO BE ABLE TO DO IT WITHIN EXISTING RESOURCES. THESE
13 THINGS ARE MILLIONS IF NOT TENS OF MILLIONS OF DOLLARS IN
14 EXPENSE. AND WE NEED TO -- AND WE MAY BE PREPARED TO SPEND IT.
15 WE WILL CERTAINLY SPEND SOMETHING. SOME SIGNIFICANT SUM. BUT
16 WE NEED TO KNOW THE WHOLE PICTURE AND HOW IT ALL WORKS
17 TOGETHER. THE SECOND THING, MR. CHAIRMAN, THAT I WANT TO
18 MENTION IS I WAS TALKING TO THE VICE CHAIRMAN OF THE
19 COMMISSION, MY APPOINTEE, LESLIE GILBERT-LURIE OVER THE
20 WEEKEND ABOUT THIS. SHE MADE A SUGGESTION WHICH I THINK WOULD
21 BE A VERY GOOD ONE. AND I AM GOING TO THROW IT OUT NOT IN A
22 WAY OF A MOTION BUT FOR YOUR CONSIDERATION AS A CHAIR. SHE
23 SUGGESTED WOULD IT BE POSSIBLE FOR THE BLUE RIBBON COMMISSION
24 AND THE BOARD OF SUPERVISORS TO HAVE AT LEAST ONE JOINT
25 MEETING WHEN THE REPORT IS COMPLETED, THE FINAL REPORT IS



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1 COMPLETED, AND WE'VE GONE THROUGH A VETTING PROCESS, THAT ALL
2 10 OF US, THANK YOU, WOULD BE -- NO, 10 OF THEM AND FIVE OF
3 US, ALL 15 OF US WOULD BE ABLE TO SIT AROUND THIS TABLE AND
4 HAVE SOME GIVE-AND-TAKE. BECAUSE I THINK THERE ARE CERTAIN
5 THINGS THAT THEY KNOW THAT WE DON'T KNOW. AND THERE ARE
6 CERTAINLY THINGS THAT WE KNOW THAT THEY DON'T KNOW ABOUT HOW
7 FAR THE BUDGET'S RUBBER BAND WILL STRETCH. NOT TO MENTION
8 POLICY ISSUES WHICHEVER MEMBER OF THIS BOARD IS INTIMATELY
9 INVOLVED IN TO ONE EXTENT OR ANOTHER. SO I WOULD ASK, MR.
10 CHAIRMAN, IF YOU'D FAVORABLY CONSIDER THAT AT SOME POINT IN
11 APRIL OR AFTER THEY COME OUT WITH THEIR REPORT.

12

13 **SUP. KNABE, CHAIRMAN:** I THINK IT'S A GREAT IDEA.

14

15 **SUP. YAROSLAVSKY:** I THINK IT WOULD BE VERY HEALTHY.

16

17 **SUP. KNABE, CHAIRMAN:** SUPERVISOR MOLINA FIRST.

18

19 **SUP. YAROSLAVSKY:** THANK YOU.

20

21 **SUP. KNABE, CHAIRMAN:** SUPERVISOR MOLINA?

22

23 **SUP. MOLINA:** MR. CHAIRMAN, AND MEMBERS, THIS ISSUE -- AND I
24 WAS GOING TO STAY OUT OF IT. BUT LET ME RAISE IT AT A
25 DIFFERENT LEVEL. THE BUDGET ISSUE HERE THAT YOU WERE TALKING



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1 ABOUT IS A REALLY CRITICAL COMPONENT OF A SOLUTION. THE
2 PROBLEM IS THERE'S NOT GOING TO BE A SOLUTION AT HAND. IT IS
3 SOMETHING WE HAVE BEEN STRUGGLING. IT'S CALLED THE BLENDING OF
4 FUNDS. YET THIS HAPPENS IN PROBATION. THIS HAPPENS IN ALL OF
5 CHILDREN SERVICES; AND THAT IS, WE TAKE EXISTING FUNDS, MENTAL
6 HEALTH FUNDS, JUVENILE JUSTICE FUNDS, DRUG AND REHAB BEDS, WE
7 DO ALL OF THESE THINGS, WE COBBLE TOGETHER ALL OF THESE
8 RESOURCES AS A SET OF SERVICES FOR A CHILD, WHETHER THEY'RE IN
9 PROBATION OR WHETHER THEY'RE IN CHILDREN SERVICES. THE REASON
10 IS IS BECAUSE THEY'RE ELIGIBLE FOR THESE SERVICES. AND SO
11 CONSEQUENTLY WE WANT TO CONNECT THEM WITH THOSE SERVICES. THE
12 PROBLEM IS THAT THE FUNDING SOURCES ARE DIFFERENT
13 ORGANIZATIONS, FEDERAL, STATE, DEPARTMENTS AND SO ON, WHICH IS
14 WHY WE CREATED THIS SO-CALLED SERVICES INTEGRATION BRANCH, 352
15 YEARS AGO THAT IS STILL THE FUNCTION, BECAUSE WE WANT TO SEE
16 INSTEAD OF THE FUNDS GEARED TOWARD THE CHILD, IT WORKS THE
17 OTHER WAY AROUND. AND SO THE ACCOUNTABILITY FOR THE DEPARTMENT
18 IS THAT THEY HAVE TO BE HELD ACCOUNTABLE HOW THEY'RE SPENDING
19 THEIR MENTAL HEALTH FUNDS, HOW THEY'RE SPENDING THE DRUG AND
20 ALCOHOL FUNDS, AND THEY HAVE TO BE HELD ACCOUNTABLE AS TO HOW
21 THEY'RE SPENDING OTHER FUNDS. SO WHEN YOU WANT TO GET A PUBLIC
22 HEALTH NURSE, YOU WILL FIND THAT THEY QUALIFY UNDER THIS
23 CRITERIA BECAUSE THEY'RE NOT A WARD OF, THEY'RE OUTSIDE. AND
24 SO CONSEQUENTLY IT WILL GET PAID BY THOSE FUNDS. SO IT CAN BE
25 DONE. THE PROBLEM IS THE COMMISSION IS NOT OWNING UP TO SOME



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1 OF THIS RESPONSIBILITY AND TRYING TO DICTATE SOMETHING TO US,
2 HELLO COMMISSION, BUSY WRITING. AND I THINK THAT'S THE CRUX OF
3 THE PROBLEM. AND IT ISN'T JUST TELLING US TO DO IT. IT IS
4 CONFRONTING THE BARRIER TO US HAVING THE ABILITY TO GET IT
5 DONE. THE REASON IS NOW WHAT WE HAVE TO FIGURE OUT IS HOW DO
6 WE COORDINATE? THIS IS IN PROBATION RIGHT NOW. IN WORKING WITH
7 THE MODEL, WE HAVE TO HAVE L.A.C.O.E. AT THE TABLE, CHILDREN
8 SERVICES AT THE TABLE, THE HEALTH DEPARTMENT AT THE TABLE,
9 PUBLIC HEALTH AND PROBATION AND WE HAVE TO COLLECTIVELY PLAN
10 AN AFTER-CARE PLAN FOR A CHILD. AND MENTAL HEALTH WILL NOT
11 TELL PROBATION WHAT KIND OF TREATMENT THE CHILD WILL GET.
12 BECAUSE OF PRIVACY ACTIONS, BECAUSE OF FUNDING STREAMS AND
13 THINGS OF THAT SORT. HEALTH DEPARTMENT CAN'T DIVULGE SOME OF
14 THE PATIENT PROBLEMS THAT HE MAY HAVE BECAUSE OF H.I.P.A.A.
15 AND SO CONSEQUENTLY EVERYBODY HAS HIS SOURCE. NOW, THEY CAN
16 COME TO THE TABLE TOGETHER AND DO SOME PLANNING OR A CAKES
17 PLAN MODEL, WHICH IS WHAT WE'RE DOING, AND COBBLE TOGETHER ALL
18 OF THOSE SERVICES LIKE A PRESCRIPTION FOR THIS KID, BUT YOU
19 CANNOT GIVE PROBATION THE AUTHORITY TO USE MENTAL HEALTH
20 FUNDS. YOU CAN'T GIVE PROBATION THE AUTHORITY TO DIP IN AND DO
21 DRUG BEDS. YOU CAN'T GIVE THEM THE AUTHORITY TO GO IN AND
22 CREATE AN EDUCATION PLAN BEFORE THEY GO. IT'S AMAZING WHAT YOU
23 CONFRONT WHEN YOU WANT TO HAVE THE SIMPLICITY OF CREATING, AS
24 MIKE SAYS, WHY CAN'T WE DO IT? WE CAN'T DO IT BECAUSE THESE
25 FEDERAL, STATE, EVEN PHILANTHROPIC FUNDS ARE ALWAYS CONNECTED



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1 WITH A SERIES OF ACCOUNTABILITY THAT SAYS "YOU WILL USE IT"
2 AND THE KID HAS TO QUALIFY UNDER THIS AND IT HAS TO BE THIS
3 SET OF STANDARDS. WHAT THE DEPARTMENTS DO, RIGHTFULLY SO IS
4 THEY SAY "I THINK WE CAN USE SOME HEALTH FUNDS FOR THAT, SO WE
5 WILL USE MENTAL HEALTH'S FUNDS FOR THIS. I THINK WE CAN USE
6 DRUG AND ALCOHOL MONEY FOR THIS." AND THEY COBBLE TOGETHER THE
7 SERVICES, WHICH IS WHY WE HAVE SO-CALLED WRAP AROUND IN MENTAL
8 HEALTH BECAUSE IT'S AGAIN A WHOLE SERIES OF ISSUES. THAT IS
9 THE ONGOING PROBLEM AT EVERY LEVEL OF POINT-OF-SERVICE FOR
10 THESE CHILDREN, WHETHER THEY ARE PROBATION KIDS, ONCE THEY
11 BECOME OUR WARDS OR WHETHER THE D.C.F.S. OR ANY OF THOSE
12 THINGS. THE KEY IS TO CREATE A CASE MANAGEMENT PLAN THAT
13 BRINGS ACCOUNTABILITY AND A LEAD. THAT DOESN'T MEAN -- I MEAN,
14 I DISAGREE WITH MENTAL HEALTH. THAT DOES NOT MEAN THAT MENTAL
15 HEALTH DOES NOT HAVE A DUTY TO THE PROBATION OFFICER AND THE
16 PROBATION DEPARTMENT TO LET YOU KNOW WHAT KIND OF TREATMENT
17 THIS KID IS GOING THROUGH. AND I THINK WE CAN FIND A PATHWAY
18 AND A WAY WITHOUT VIOLATING ANY KIND OF PRIVACY ISSUES. THAT'S
19 THE COMPLEXITY OF THIS ENTIRE PROGRAM HERE THAT WE HAVE WITH
20 THE COUNTY. AND SO WHEN WE TALK USING EXISTING FUNDS, THAT'S
21 THE CATCH WORD. IF WE USE EXISTING FUNDS, THAT MEANS THEY HAVE
22 TO COBBLE A MECHANISM, A PATHWAY TO GET THOSE FUNDS TO BE
23 QUALIFIED FOR THOSE KIDS UNDER THOSE CIRCUMSTANCES. SO NOT
24 EVERY D.C.F.S. KID IS GOING TO BE ENTITLED, ONLY THOSE UNDER
25 CERTAIN CRITERIA. NOT EVERY PROBATION KID IS UNDER THOSE. IT'S



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1 THE SAME ISSUE. NOW, I THINK THAT, AGAIN, THE SERVICES
2 INTEGRATION BRANCH SHOULD COME UP WITH IT. THERE COULD BE
3 CZARS OR OTHERS THAT CONTROL THE FUNDS, BUT IT'S HOW THE
4 FUNDING IS CONTROLLED IS TO HOW THESE CHILDREN WILL GET THE
5 SERVICES. AND I REALLY DO THINK, IN MY OPINION, THAT BOTH
6 CHILDREN SERVICES AS WELL AS PROBATION SHOULD BE -- HAVE AN
7 ATTITUDE, IN MY OPINION THAT SAYS "SCREW YOU, MENTAL HEALTH,
8 SCREW YOU PUBLIC HEALTH, THIS IS THE SERVICE TO THE KID AND SO
9 YOU'RE GOING TO GIVE IT TO THEM," THE END. THAT'S MY POINT OF
10 VIEW. AND THAT "YOU SHOULD FIX IT ACCORDINGLY." AND I THINK
11 THAT'S THE CHALLENGE THAT THE CHILDREN'S COMMISSION IS GOING
12 TO HAVE IN TRYING TO TELL US HOW TO GET ALL OF THESE SERVICES
13 CONNECTED TO THIS CHILD, IS THAT YOU HAVE TO HAVE A COMMANDING
14 LEAD AT THE VERY TOP THAT SAYS TO THOSE DEPARTMENTS AND THAT
15 WE'RE GOING TO BACK YOU ARE GOING TO GET FUNDING INTO THIS
16 PROGRAM. THAT'S WHAT WE'RE DOING RIGHT NOW UNDER THE AFTER-
17 CARE PROGRAM. I'VE BEEN CREATING THE PILOT PROGRAM. THAT'S
18 WHAT WE DID WITH THE FOSTER CARE EDUCATION THING. WE DID THE
19 SAME THING, A SET OF PROTOCOLS. SO THAT EVERYTHING IS DIRECTED
20 TOWARD THE CHILD. AND THE ACCOUNTABILITY IS THAT THERE IS A
21 POINT PERSON, A CASE MANAGER FOR THAT KID THAT IS MAKING SURE
22 ALL THOSE SERVICES ARE THERE. IT IS MENTAL HEALTH'S PROBLEM AS
23 TO HOW THEY WILL REPORT. THEY QUALIFIED UNDER THIS. WE NEED
24 THOSE FUND AND WE NEED TO MAKE SURE IT MEETS THOSE CRITERIA.
25 BUT THIS IS A COMPLEXITY MARK. AND DOING THIS RIGHT NOW -- AND



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1 I DON'T THINK THE CHILDREN'S SERVICES DEPARTMENT THINKS THEY
2 CAN TELL US OR THE COMMISSION CAN TELL US HOW TO DO IT.
3 BECAUSE THEY JUST HIT ON THE LARGEST PROBLEM THIS COUNTY AND
4 EVERY COUNTY HAS BY THESE STREAMS OF FUNDING. THESE DEPARTMENT
5 HEADS WILL TELL YOU THAT IS WHAT THEY HAVE TO GO BACK TO AND
6 TRY AND SORT OUT. SO WE CAN SAY IT ALL WE WANT. BUT UNTIL WE
7 HAVE A COMMANDER THAT IS GOING TO FORCE THOSE DEPARTMENTS TO
8 DO IT, WE HAVE IT UNDER COURT ORDER UNDER K.D.A. WE ARE DOING
9 IT UNDER THE FOSTER CARE PROGRAM, UNDER THE PILOT PROGRAM. WE
10 ARE STARTING TO DO IT WITH THE AFTER-CARE PROGRAM HOPEFULLY
11 D.O.J. WILL BACK US UP ON IT. SO THAT IS THE COMPLEXITY OF
12 THIS ISSUE. SO WHEN YOU SAY "UNDER EXISTING FUNDS" YOU'VE
13 THROWN A REAL WRENCH WHO THE WHOLE PROBLEM AND IT WILL BLOW UP
14 ON YOU UNTIL THAT'S SOLVED. SO HOWEVER THE RECOMMENDATIONS ARE
15 GOING TO COME FROM, WE HAVE TO BE COMPREHENSIVE IN OUR
16 APPROACH. WE HAVE TO MAKE SURE THAT WAS WE'RE GOING TO DO THAT
17 WE ARE GOING TO LOOK AT THE FUNDING AND THERE SHOULD BE A
18 COMMANDING PERSON THAT SAYS WE DON'T CARE, MENTAL HEALTH, WE
19 DON'T CARE PUBLIC HEALTH, WE DON'T CARE, PROBATION. THIS IS
20 THE SERVICES THIS KID IS GETTING AND THEY NEED THEM NOW IN
21 ORDER TO CREATE THE FIX. AND IT SHOULD BE SOMETHING THAT THE
22 SERVICES INTEGRATION BRANCH SHOULD BE IN COMMAND OF. BUT WE
23 DON'T GIVE IT THAT AUTHORITY TO DO SO. BUT THAT'S THE ISSUE
24 YOU'RE WRESTLING WITH RIGHT NOW.

25



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1 **SUP. KNABE, CHAIRMAN:** I AGREE. WE ARE ALL SORT OF COMING IN
2 FROM A DIFFERENT ANGLE BUT AT THE END OF THE DAY THAT'S THE
3 COMPREHENSIVE ANGLE WE NEED TO DO BECAUSE OF THE CONTROL OVER
4 THE VARIOUS FUNDING CYCLES. SUPERVISOR RIDLEY-THOMAS?

5

6 **SUP. RIDLEY-THOMAS:** THANK YOU, MR. CHAIRMAN AND COLLEAGUES. I
7 THINK THIS FOCUSES OUR ATTENTION ON A MATTER THAT OUGHT TO BE
8 OUR PRIORITY. I RESTATE THAT IT CAN AND SHOULD BE VIEWED AS
9 URGENT WITHOUT US RUSHING TO JUDGMENT. I TAKE THE POINT THAT A
10 PRELIMINARY REPORT SENDS A SIGNAL AS TO THE DIRECTION THAT THE
11 BOARD MIGHT GO PURSUANT TO THE DELIBERATIONS OF THE
12 COMMISSION. THERE ARE FOUR INSTRUCTIONS IN THE MOTION THAT IS
13 BEFORE US, THE FIRST OF WHICH IS TO INSTRUCT THE RESPECTIVE
14 DEPARTMENTS -- AND THAT WOULD BE CHILDREN AND FAMILY SERVICES,
15 MENTAL HEALTH, PUBLIC HEALTH AND HEALTH SERVICES WITH THE
16 ASSISTANCE OF THE CHIEF EXECUTIVE OFFICER. TO ESTABLISH THE
17 APPROPRIATE PROTOCOLS WITHIN EXISTING RESOURCES CONSISTENT
18 WITH THE BLUE RIBBON COMMISSION'S RECOMMENDATION THAT EVERY
19 CHILD UNDER ONE YEAR OF AGE BE DETAINED BY D.C.F.S. BE
20 PRESCREENED. THAT'S THE FIRST ONE. IT SEEMS THAT THERE ARE
21 BUDGETARY CONSIDERATIONS THAT NEED TO BE RE-VISITED AT THAT
22 POINT. THE SECOND IS TO INSTRUCT THE DIRECTORS OF D.P.H. AND
23 D.H.S. AND D.C.F.S., WITH THE ASSISTANCE OF THE C.E.O. WITHIN
24 EACH DEPARTMENT'S CURRENT RESOURCES TO COLLABORATE AND DEVELOP
25 A PROTOCOL TO ENSURE THE BLUE RIBBON COMMISSION'S



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1 RECOMMENDATION THAT PUBLIC HEALTH NURSES AND EMERGENCY
2 SERVICES WORKERS TOGETHER INVESTIGATE IN A REFERRAL OR ABUSE
3 OR NEGLECT ON A CHILD UNDER AGE ONE AND THAT THAT BE
4 IMPLEMENTED. THAT AGAIN SEEMS TO BE THE THRUST OF THE CONCERN
5 REGARDING THE INSTRUCTIONS OF THOSE TWO ACTIONS. AND SO I
6 UNDERSTAND THE MOTION THAT IS BEING OFFERED BY YOU, MR.
7 CHAIRMAN AND MR. YAROSLAVSKY TO LOOK AT THOSE MORE CAREFULLY.
8 WITH RESPECT TO ITEMS 3 AND 4, I SEE NO FISCAL IMPLICATION
9 ISSUES THERE. AND IT WOULD SEEM TO ME THAT IT WOULD BE
10 APPROPRIATE TO REQUEST THAT THE DISTRICT ATTORNEY WHO WHO HAS
11 ALREADY INDICATED THAT SHE IS READY TO WORK WITH US WITH
12 REGARD TO THE APPROPRIATE ROLE THAT THAT OFFICE CAN AND SHOULD
13 PLAY PURSUANT TO THE RECOMMENDATIONS OF THE COMMISSION. AND,
14 FOUR, THE SHERIFF'S DEPARTMENT TO PARTICIPATE WITH PROBATION
15 AND D.C.F.S. TO BEGIN TO ADDRESS THE COORDINATION ISSUES AND
16 THE COLLOCATION ISSUES SO THAT CHILD SAFETY AND PROTECTION IS
17 A HIGHER PRIORITY PURSUANT TO COORDINATION OF LAW ENFORCEMENT
18 ENTITIES. MR. CHAIRMAN, I UNDERSTAND THAT 1 AND 2 REQUIRE
19 FURTHER FISCAL ANALYSIS AND MAYBE MORE CONSISTENT WITH THE
20 KNABE/YAROSLAVSKY MOTION. I WOULD HOPE THAT 3 AND 4 WE COULD
21 ADOPT, REQUEST THAT THE RESPECTIVE LAW ENFORCEMENT ENTITIES,
22 BOTH THE D.A. AND THE SHERIFF'S DEPARTMENT MOVE FORWARD WITH
23 THEIR WAY OF SUPPORTING THE RECOMMENDATIONS AS THEY ALREADY
24 INDICATED THEY'D BE INCLINED TO DO. SO THERE IS A BIFURCATION
25 THAT I WISH TO SUGGEST, TAKE 1 AND 2 OF THE MOTION, CAUSE THAT



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1 TO BE THE THRUST OF THE MOTION OFFERED BY KNABE AND
2 YAROSLAVSKY. AND WITH RESPECT TO THE SHERIFF AND THE D.A., I
3 ASK THAT THEY -- RESPECTFULLY REQUEST THAT THEY PROCEED
4 ACCORDINGLY. AND THAT WOULD BE MY MOTION.

5

6 **SUP. KNABE, CHAIRMAN:** OKAY. I HAVE NO PROBLEM MOVING FORWARD
7 WITH ITEM NUMBER 3. ITEM NUMBER 4, I HAVE NO PROBLEM WITH,
8 EITHER, BECAUSE THEY'RE ALREADY DOING THAT. THAT'S IN PROGRESS
9 RIGHT NOW. SO I HAVE NO PROBLEM MOVING FORWARD WITH 3 AND 4.

10

11 **SUP. RIDLEY-THOMAS:** BUT 1 AND 2.

12

13 **SUP. KNABE, CHAIRMAN:** BUT 1 AND 2, I WOULD LIKE TO ENTER --

14

15 **SUP. YAROSLAVSKY:** AND I WOULD ADD TO ALL THE REMAINDER OF THE
16 10 RECOMMENDATIONS THEY MADE I THINK IS WHAT YOUR MOTION AND I
17 SECOND IT.

18

19 **SUP. KNABE, CHAIRMAN:** RIGHT. 3 AND 4 AS IT RELATES TO THE
20 DISTRICT ATTORNEY AND SHERIFF MOVE FORWARD. THE OTHER 8 WOULD
21 BE THE MOTION FROM SUPERVISOR -- FROM ME AND FROM SUPERVISOR
22 YAROSLAVSKY THAT WOULD ASK THE -- MOVE THAT THE C.E.O WITH THE
23 COOPERATION OF THE RELEVANT COUNTY DEPARTMENTS AND OFFICE OF
24 COUNTY COUNSEL BE DIRECTED TO CONDUCT A FEASIBILITY, FISCAL
25 ANALYSIS OF 8 REMAINING RECOMMENDATIONS CONTAINED IN THE BLUE



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1 RIBBON COMMISSION INTERIM REPORT AND REPORT BACK TO THE BOARD
2 IN 60 DAYS OR IN CONJUNCTION WITH THE FINAL REPORT.

3

4 **SUP. YAROSLAVSKY:** AND I WOULD ADD, AND I'LL SECOND THAT. MR.
5 CHAIRMAN ON ITEM 3, SUPERVISOR RIDLEY-THOMAS'S MOTION, I WOULD
6 ADD IN THE SECOND LINE WHERE IT SAYS "THE LOS ANGELES COUNTY
7 SHERIFF'S DEPARTMENT AND OTHER LAW ENFORCEMENT AGENCIES," I
8 WOULD SAY "AND ALL 48 LAW ENFORCEMENT AGENCIES." WE WANT THEM
9 ALL.

10

11 **SUP. KNABE, CHAIRMAN:** THAT'S GOOD, YEAH, WE WANT THEM ALL,
12 EXACTLY. SO WITH THOSE CLARIFICATIONS, WE HAVE THAT MOTION ON
13 THE TABLE. I DO HAVE ONE REMAINING PUBLIC SPEAKER, AND THAT IS
14 STEPHON BECKAM? I DON'T HAVE IT. SORRY. YOU ADDRESSED EARLIER,
15 I BELIEVE. I THINK YOU ADDRESSED IT EARLIER.

16

17 **STEPHON BECKAM:** HOW ARE YOU DOING THIS MORNING? ALL OF A
18 SUDDEN, CAN I SPEAK THERE?

19

20 **SUP. KNABE, CHAIRMAN:** YES. IDENTIFY YOURSELF.

21

22 **STEPHON BECKAM:** I WAS SITTING THERE LISTENING TO THEM SPEAK, I
23 HAVE DEALT WITH THE D.C., WHATEVER YOU CALL IT OUT HERE, I
24 HAVE DEALT WITH THEM. THEY HAVE CAME TO MY HOME. THEY HAVE HAD
25 CASEWORKERS. TAKE ALL MY KIDS. MAKE THEM GET NAKED. LOOK AT



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1 THEM. YES, I'M OPPOSED TO THEM ASKING FOR NURSES TO COME, NOT
2 BECAUSE IT'S PEOPLE OUT HERE, IT'S KIDS BEING ABUSED. BUT WHEN
3 YOU DON'T HAVE NO REAL GROUNDS TO COME INTO SOMEBODY'S HOME.
4 THAT'S LIKE ME COMING UP HERE TELLING YOU "LET ME GO INTO YOUR
5 FILES BECAUSE I KNOW A LOT OF THESE DIRECTORS AIN'T DOING WHAT
6 THEY'RE SUPPOSED TO BE DOING." AND YOU COMING INTO PEOPLE'S
7 HOMES AND YOU EXPOSING MY KIDS AND THEN THEY SAY THEY GOT ALL
8 THESE SERVICES FOR MY KIDS, THEY HAVE HARMED MY KIDS. MY KIDS
9 HAVE NIGHTMARES. MY KIDS HAVE PROBLEMS BECAUSE OF THIS. AND
10 THEY WANT TO ASK FOR SOME MONEY? YOU KNOW, THEY NEED TO DO A
11 GREAT STUDY ON THE PEOPLE THAT'S DOING THIS, THAT'S GOING TO
12 PEOPLE'S HOMES, THAT'S GOING INSIDE HOUSES AND ASKING FOR KIDS
13 TO GET NAKED FOR NO REASON BECAUSE THE WELFARE OFFICE HAD
14 CALLED THEM AND TOLD THEM TO COME TO SOMEBODY'S HOME. THAT'S
15 ALL I HAVE TO SPEAK ON THAT. AND ABOUT THE SERVICES, WHAT
16 ABOUT KIDS BEING EXPOSED TO THE D.C.F.S.? WHAT ABOUT THE
17 SERVICE FOR THEM KIDS? WHEN NOBODY HAS DONE ANYTHING WRONG?
18 WHAT ABOUT THEM KIDS GETTING SOME SERVICES? THAT'S ALL I HAVE
19 TO SAY.

20

21 **SUP. KNABE, CHAIRMAN:** THANK YOU. NO QUESTIONS. ALL RIGHT. THE
22 ITEM IS BEFORE US AS AMENDED. PARDON ME? YOU ADDRESSED IT
23 EARLIER. I'LL GIVE YOU A MINUTE ON THIS ITEM.

24



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1 **ERIC PREVEN:** ERIC PREVEN THE COUNTY RESIDENT FROM DISTRICT 3.
2 YOU KNOW, THIS IS A VERY, VERY IMPORTANT ISSUE. AND THE WAY
3 THE SUPERVISORS CREPT UP TO THE EDGE AND FACED THIS HAD KIND
4 OF OBSTACLE THAT I THINK WE HEARD ELOQUENTLY DESCRIBED BY THE
5 SUPERVISORS, HOW FUNDING SOURCES MAKE GETTING THE RIGHT PUBLIC
6 HEALTH TEAM AND D.C.F.S. TEAM TO COLLABORATE AND HOW THOSE
7 FUNDING SOURCES MAKE IT DIFFICULT REQUIRES THE DISENTANGLING
8 BY THE BOARD OF SUPERVISORS. I THINK IT'S VERY GOOD THAT YOU
9 SELECTED A MEETING. I THINK FEBRUARY 21 AT 1:30 IN THIS VERY
10 ROOM WOULD BE A MEETING WHEN THE BLUE RIBBON COMMISSION IS
11 ALREADY MEETING AND THE BOARD OF SUPERVISORS COULD CERTAINLY
12 COME DOWN HERE. BUT THIS KIND OF 45-DAY GET BACK TO US ON THE
13 INTERIM RECOMMENDATIONS IS EXACTLY WHAT WE NEED TO BE DOING.
14 WE NEED TO HIT THE GROUND RUNNING. WE ALREADY HAVE, AS MEMBERS
15 OF THIS BOARD REMINDED US, 800 RECOMMENDATIONS. WE'RE FOCUSING
16 ON THE CORE IMPORTANT RECOMMENDATIONS THAT ARE GOING TO MAKE A
17 DIFFERENCE IN THE LIVES OF THESE CHILDREN. PUBLIC HEALTH
18 SHOULD ABSOLUTELY BE A PARTICIPANT HERE, AND ANYTHING BLOCKING
19 THEM FROM PARTICIPATING CURRENTLY NEEDS TO BE TAKEN DOWN
20 IMMEDIATELY. THANK YOU FOR YOUR TIME.

21

22 **SUP. KNABE, CHAIRMAN:** THANK YOU. MOVED BY SUPERVISOR RIDLEY-
23 THOMAS. SECONDED BY SUPERVISOR YAROSLAVSKY WITH THE
24 APPROPRIATE AMENDMENTS AND CLARIFICATIONS. WITHOUT OBJECTION,



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1 SO BE THE ORDER. THANK YOU. LET'S SEE, I'M UP ON -- WHAT ARE
2 THE REMAINING ITEMS?

3

4 **SACHI HAMAI, EXEC. OFFICER:** THE REMAINING ITEMS ARE ITEM
5 NUMBER 19 AND THEN WE COULD TAKE UP EITHER S-1 AND/OR S-2.

6

7 **SUP. KNABE, CHAIRMAN:** WHAT TYPE IS S-1?

8

9 **SACHI HAMAI, EXEC. OFFICER:** S-1 WAS AT 11.

10

11 **SUP. KNABE, CHAIRMAN:** LET ME SEE WHAT WE HAVE ON NUMBER 19. DO
12 WE HAVE ANY PUBLIC SPEAKERS ON 19?

13

14 **SACHI HAMAI, EXEC. OFFICER:** NO. NOTHING ON 19. I BELIEVE
15 SUPERVISOR MOLINA WAS HOLDING NUMBER 19.

16

17 **SUP. KNABE, CHAIRMAN:** SUPERVISOR MOLINA, YOU WERE HOLDING ITEM
18 NUMBER 19 BEFORE WE GO TO S-1?

19

20 **SUP. MOLINA:** (OFF MIC) ISSUE.

21

22 **SUP. KNABE, CHAIRMAN:** MR. FIELDING?

23

24 **SUP. MOLINA:** WHICH ITEM IS THIS?

25